FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1														
1. NAME OF COMMITTEE (in	full)	(See instruction (Check if name is changed)	Exan	ple: If typyir he lines	ng, type	1	2FE4	1M5	Office	e use onl	у 			_
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ADDRESS (number and	street) 607 1	14th Street, NW,	Suite 8	00										_
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COMMITTEE'S FAX N 2023545356	NUMBER	ل												
2. DATE 0.1	/ D D / Y	2008												
3. FEC IDENTIFICA	ATION NUMBER	C	C00	130819										
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)														
I certify that I have exami	ined this Statement and	to the best of my know	rledge and	l belief it is tr	ue, correct	and co	mplete	!						_
Type or Print Name of	Treasurer	Paul Fraim												_
Signature of Treasurer	. Electronically File	d by Paul Fraim				Dat	e	0 1		D 22	/ [Ž	0 0	}
NOTE: Submission of fa		nplete information may								2 U.S.(C. S43	7g.		
Office Use Only				For further Federal Electroll Free 800	tion Comm 0-424-9530	nission	act:		F	FEC (Revise			l	_

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